

## DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814



December 10, 1974

ALL-COUNTY LETTER NO. 74-249

TO: ALL COUNTY WELFARE DIRECTORS  
ADMINISTRATIVE SERVICES OFFICERS  
WELFARE FISCAL SUPERVISORS  
COUNTY AUDITORS

SUBJECT: CLAIM SUMMARY SHEET

REFERENCE:

The attached form is a reduced sample of a Claim Summary Sheet to be submitted with each Quarterly Administrative Expense Claim beginning with the December, 1974, quarter. An initial supply of the form will be sent under separate cover. The purpose of the form (DFA 419) is to provide explanatory data for any significant fluctuations in the various claiming areas between the current quarter and the prior quarter claim. The form will facilitate DBP audit of the claims and will provide back-up data to the Federal Government concerning quarterly fluctuations among reimbursement claims.

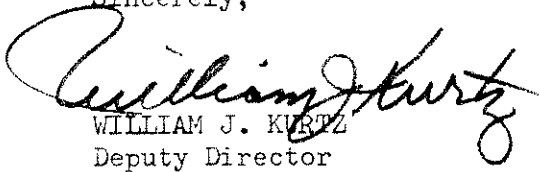
For Claim Summary purposes, a 15 percent change will be considered a significant fluctuation. Claiming areas listed on the form are taken from the DFA 325.1 and 325.2. They appear in the same order as listed on the Administrative Claim. In each claiming area, compare the amount of money being claimed for the current quarter to the amount claimed for the prior quarter. If a minimum of a 15 percent fluctuation (either positive or negative) has occurred, explanatory data will be required.

The DFA 419 lists eight possible "causes". After evaluating the situation, determine if one or more of the suggested "causes" is applicable or if additional information is necessary. If additional information is provided, do so on the back of the form and reference it to the appropriate claiming area.

For example, if a significant fluctuation occurred in the Allocable Social Service and Allocable Eligibility and Nonservice Salary Pools, it is possible the fluctuation was caused by an extra pay period (the inclusion of seven rather than six bi-weekly pay periods), fluctuation in staffing, and an increase in salary and benefits. In this case, columns one, two, and three would be checked on the DFA 419.

If you have any further questions, please contact Dick Lowry or  
Bobi Gould at 916/445-7046.

Sincerely,

A handwritten signature in cursive script, reading "William J. Kurtz". The signature is written in dark ink and is positioned above the printed name and title.

WILLIAM J. KURTZ  
Deputy Director

cc: CWDA

Attachment

## CLAIM SUMMARY SHEET

County \_\_\_\_\_ Quarter \_\_\_\_\_ Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

The Claim Summary Sheet is to be submitted with the Quarterly Administrative Claim. The purpose of the Summary Sheet is to provide explanatory data for any significant fluctuations (around 15%) from the last claiming period. If a significant fluctuation occurred in any of the following categories, indicate the applicable cause. If additional information is necessary, check Column 9, and then briefly explain any significant fluctuation on the back of the page. The claiming areas are referenced to their location on the administrative claim.

CLAIMING AREA	CAUSE								
	Extra Pay Period 1	Fluctuation In Staffing 2	Increase In Salary and/or Benefits 3	Prior Quarter (Adjustments Only) 4	Cash Flow 5	Current Time Period Claimed (# of months) 6	New Contracts or Leases 7	Terminated Contracts or Leases 8	Additional Information 9
i. A. Allocable Social Service. . . . .									
B. Allocable Eligibility and Non-service . . . . .									
ii. Allocable Support Costs									
A. Personal Services									
1. Clerical Support. . . . .									
2. Administrative Support. . . . .									
3. Travel . . . . .									
B. Operating Costs									
1. Space . . . . .									
2. Other Operating Costs . . . . .									
C. Purchase of Service									
1. Public Agencies (A-87) . . . . .									
2. Public Agencies—Direct or Memo Billed . . . . .									
3. Private Agencies . . . . .									
4. EDP (A-87) . . . . .									
5. EDP - Direct or Memo Billed . . . . .									
iii. Direct Costs									
A. Social Services									
1. Personal Services . . . . .									
2. Operating Costs . . . . .									
3. Purchase of Services. . . . .									
B. Eligibility and Non-service									
1. Personal Services . . . . .									
2. Operating Costs . . . . .									
3. Purchase of Services. . . . .									
iv. Staff Development									
1. Personal Services . . . . .									
2. Operating Costs . . . . .									
3. Purchase of Services. . . . .									

## ADDITIONAL INFORMATION

In the space provided below, briefly explain any significant fluctuations that can not be accounted for by the categories listed on the front of the Claim Summary Sheet. Identify the claiming area for which you are providing additional information by referencing it to its location on the administrative claim.

CLAIMING AREA	ADDITIONAL INFORMATION